

of the Imperial Home Office. Here he had the special duty of preparing certain Bills which the Government were about to bring before Parliament. Although the scheme was a complete innovation, inasmuch as laws of that kind did not exist in any other country, Herr Bödiker showed such energy in the performance of his difficult task that the laws on the insurance of workmen against illness came into operation in 1883, those on insurance against accidents in 1884, whilst those on insurance against old age and permanent incapacity for work followed in 1888. By these laws every workman, whether employed in factories, or in mines, or in agriculture, or in any branch of a trade, is insured against illness for 26 weeks; he is further entitled to have the rent of his house or lodgings paid for him in the event of his suffering from an accident or from an internal disease which may have been caused by an accident. The funds for insurance against illness and permanent incapacity for work are collected by weekly contributions from the workmen to the extent of two-thirds of the total amount, the remaining one-third being paid by the employers, whilst the funds for insurance against accidents are contributed by the employers only. A special administrative body and a supreme court to deal with questions of litigation in matters concerning the workmen's insurance were created in 1885 and Herr Bödiker was made the president. By the leniency of its decisions, which took account not only of the legal side of a case but also of the special conditions of the working classes, the Imperial Insurance Office, under the presidency of Herr Bödiker, gained the confidence of the working classes, who at first were opposed to these laws. The above legislation had also a great influence on the medical profession. As a great portion of the population of Germany had to belong to some club or other and when suffering from illness, accidents, or permanent incapacity for work, had to apply to the medical officer of the insurance institutions, the conditions of practice, especially in towns or districts including a large industrial population, became greatly modified. Not only the social but also the scientific side of medicine was affected by Herr Bödiker's work, for special branches of medical practice bearing on insurance received a great development, as new questions for which no precedent existed had to be decided by the medical men holding appointments in connexion with the insurance laws. Herr Bödiker will be long remembered as one of the great benefactors of the working classes, not only of Germany, but also of those countries which have followed his plans in their legislation.

#### *The Preliminary Education of Medical Students.*

Until the year 1900 only those young men could matriculate as medical students who had passed their abiturienten-examen (final school examination) at the schools known as gymnasia. The gymnasia in Germany lay stress on classics and therefore this examination includes a good deal of Greek and Latin, together with German, mathematics, and French. In 1900, however, young men were admitted to the study of medicine after receiving the education provided in the realgymnasia, where the subjects of instruction are principally modern languages and mathematics, with no Greek and very little Latin. The Federal Council has recently decided that the final examinations at an oberreal-schule may also entitle young men to enter upon the study of medicine. In the oberreal-schule no classical languages are taught, the subjects being principally modern languages and natural science. Hitherto young men coming from such schools could only matriculate after having previously passed a supplementary examination in Latin. This is now abolished and they will become duly matriculated medical students without such a condition, but they will have to show at their first medical examination that they know enough Latin to understand the technical terms. The classical languages have held a preponderant position in the study of medicine in Germany ever since the mediæval period, but this ascendancy, which began to be limited in 1900, has now nearly ceased and a great afflux of aspirants to the study of medicine will certainly be the sequel. This will be the more the case as the legal and theological professions continue to admit only candidates who have received their education in a classical gymnasium.

#### *The German Surgical Congress.*

The Congress of the German Surgical Association will meet at Berlin from April 3rd to 6th under the presidency of Professor Riedel of Jena. The following subjects will be

discussed: (1) Operations on the Heart and the Pericardium—to be introduced by Professor Rehn of Frankfurt; (2) Operations on the Lungs—to be introduced by Professor Friedrich of Greifswald; (3) Removal of the Prostate Gland—to be introduced by Dr. Kümmell of Hamburg; and (4) Fracture of the Femur—to be introduced by Professor Bardenheuer of Cologne and Professor König of Altona.

Feb. 11th.

## ITALY.

(FROM OUR OWN CORRESPONDENT.)

### *The Riviera.*

FROM Nice to San Remo, from Alassio to Viareggio, from Pisa to Naples, from Amalfi to Palermo, all the sun-traps on that lovely seaboard are beginning to throw off the rigours of winter and, with these, the influenza which was undoubtedly rife in the more northerly ones. Early in the year consultants were more than justified in putting their veto on a contemplated sojourn on the Riviera Ponente and, in a less degree, on the Riviera Levante; but now the "contra-indication" has died out and the veto has been withdrawn. There are, however, precautions to be observed if the sojourner is to reap the full benefit of the change (climatic and other), and prominent among these is that relating to diet. The boycotting of many tinned foods and "portable" soups has already diminished the use of these in the *cuisine* of the better class of hotels—a proof of the self-protecting power possessed by the travelling public, if only it is exercised systematically and steadily. But there is at least one very popular *viande* not included in the above category against which hygienic authority is at present making its voice heard—namely, "the classic oyster." From Toulon westwards, eastwards, and southwards, the public are being warned against the "*ostrica Mediterranea*," cultivated as these often are in conditions far from sanitary, in beds notoriously subject to river pollution where (perhaps fortunately!) no "close time" is thought of, much less put in force. The December of last year was signalised by a true epidemic of typhoid fever, extending from the Provençal littoral as far inland as Lyons, and its cause was found in diseased oysters imported by the ton from Cette. Now the conditions of oyster culture on the Italian seaboard are, to put it mildly, not superior to those on that of France or of Spain—indeed, the Neapolitan Riviera has only partially lived down the evil reputation that clung to it with truly "molluscos" tenacity for "infected oysters." Unless kept up to the mark by vigilant and impartial inspection (bacteriological and other) oyster culture is prone, in Mediterranean waters particularly, to relapse into the old "*trascuranza*" (carelessness), so fraught with danger to the unsuspecting consumer. But it is satisfactory to know that such inspection, now in official hands, is being effectively reinforced by a forewarned public which "boycotts" what it suspects, and, as in the case of tinned meats, "preserved" vegetables, and "portable" soups, so in that of oysters can improve the quality of the article supplied by opportunely withholding the demand.

### *Milk and Tuberculosis.*

In this connexion it may be well to draw attention to the ample and searching discussion just brought to a close in the Royal Academy of Medicine of Turin on the milk-supply of Italy as an active agent in predisposing to tuberculosis, if not of directly causing it. From the Academy to the press, professional as well as lay, the discussion is still evoking illuminative comment, and when this has run its course I shall sum up the net results in future correspondence, merely remarking in the meantime the wisdom of the public in exercising prudence in the consumption of the milk supplied to it in Italian health resorts.

### *"The Septic Touch."*

The warning conveyed by THE LANCET under this title has not been thrown away on Italy, where the paper currency, particularly the 10-franc and 5-franc notes, is liable to become so filthy as to make not only the English-speaking world but even Italians themselves think twice before handling it. So much is this the case that money-changers when cashing cheques are often asked for gold instead of paper, though at the sacrifice of the not inconsiderable *agio*, while the demand for clean or

tolerably unsoiled notes is far greater than the said money-changers can satisfy. In these circumstances the announcement will be not unwelcome that a fresh series of 5-franc notes is about to be issued, necessitating the preliminary withdrawal from circulation of the "prolific agents of infective disease" now passing from hand to hand. 10-franc notes of a fresh type are also to be re-issued, and, like the 5-franc notes, on a less hideously inartistic design. These latter, indeed, have long awakened the mirth, when not inspiring the horror, of Italians, likened as they are in their garish colouring to "cartellini da bottiglia" (bottle labels) or to "biglietti tramviari" (tramway tickets). Besides, adds the *Secolo*, they lend themselves easily to falsification, though it must be confessed the falsified notes in circulation are few. "They were too ugly. Even the forgers drew the line at them!"

Feb. 5th.

## CONSTANTINOPLE.

(FROM OUR OWN CORRESPONDENT.)

### *The Selling of Drugs to the Public without Medical Prescription.*

SEVERAL fatal cases are reported due to the selling of medicines to the public by druggists, &c., without any medical prescription. There exists a law in the Ottoman Empire prohibiting such sale. But this law seems never to have been enforced strictly, and all sorts of drugs, oftentimes most poisonous, have been sold by every possible shop in possession of them to every person on mere demand. The abuse was especially great with regard to proprietary articles the composition of which was frequently quite unknown. No wonder that the public is exposed to very grave dangers and that often fatal results follow such an indiscriminate sale. The law of prohibition entrusts the whole matter to the prefecture of the city and this in its turn has to see that every medicine, pharmaceutical preparation, and the like should be sold to the public only by authorised and duly qualified pharmacists and officially recognised specialists and only then when a properly signed prescription of a medical man is presented. There are, however, many good laws and regulations in Turkey which often remain a mere dead letter, as there is no strong will and hand to compel and to put in execution. Lately a new official communication has been sent to all the pharmacists and druggists of the capital reminding them of the injunctions of the law referred to above and of the penalties that will follow the further indiscriminate sale of drugs.

### *Unusually Severe Winter.*

Snow has been falling in Constantinople continuously for several days, and, what is quite an unusual occurrence on the banks of the Bosphorus, is lasting. The thermometer is several degrees below zero. Such severe winters are very rare in Constantinople. As a rule there is here little snow in winter, the weather being generally very mild at this time of the year. Winter is for Constantinople the season of rains and snow usually melts as soon as it falls. I was greatly astonished to see the other day people driving in a sleigh. Such weather tells badly on the health of the public. Most of the houses are very lightly built and no provision is ever made to meet a severe and lasting winter. The mass of the people, especially among the poorer classes, are suffering greatly from the inclemency of the weather. The Sultan has ordered that 1000 Turkish liras should be distributed from his private purse among the sufferers. He also ordered, says the *Levant Herald*, the payment of the sum of 14,000 Turkish liras to the fund for the relief of the victims of the disastrous floods in the vilayet of Aidin.

### *A Sanatorium for Bucharest.*

The local newspapers bring the news that a society has been formed at Bucharest, under the patronage of the Queen of Roumania, with the purpose of creating in that city a sanatorium for tuberculous patients. This sanatorium will bear the name of Saint Elizabeth. The society is already in possession of the sum of 310,000 francs, of which 119,000 francs have been contributed by the Queen. The magnificent villa called "Ghica" has been bought and will be equipped and furnished with all the necessary requirements of modern medical science to make the sanatorium an establishment in every way up to date.

Jan. 25th.

## Obituary.

EMILE JAVAL.

THROUGH the death of Dr. Emile Javal, on Jan. 20th, at the age of 67 years, the profession has lost a very distinguished member, a man known throughout the world as one who played an important part in the development of modern ophthalmology and conspicuous also in his own country as a politician, an educationist, and a social reformer. Trained as a mining engineer, endowed with exceptional mental power, and attracted by every problem, physical or biological, which came in his way, he interested himself in the case of a child, a near relative of his own, who suffered from convergent strabismus, and conceived the idea that the stereoscope should afford the means of re-establishing the lost faculty of binocular vision. He undertook the attempt and persevered in it for a series of years. The success obtained, though not complete, threw new light on many of the visual phenomena which arise in this disorder. Convinced of the value of his observations, he abandoned the mining profession and took to medicine; became later a pupil of von Graefe, translated into French the "Physiological Optics" of Helmholtz, and pursued with energy and ingenuity his special study and treatment of strabismus for many years. His results are finally set forth in his "Manuel du Strabisme," published in 1896. To him chiefly we owe the knowledge that the faulty vision of a squinting eye may frequently be improved, and that even the lost power of "fixation" may be restored by dint of compulsory education, and that true binocular vision is often recoverable by means of stereoscopic and other educative exercises even though, under other treatment, it has been long in abeyance. He expressly warns us, however, that the time and trouble involved in achieving these results are sometimes out of all proportion to their value when ultimately attained. He dedicates the book to one who "from my earliest infancy inspired me with that love of truth which is the foundation of all scientific research, and with that desire to be useful which has sustained me through all my work."

Dr. Javal's name is known, probably, even more widely in connexion with his ophthalmometer than with his more extensive work on strabismus. The principle of the ophthalmometer, the instrument which enables us to measure the curvature of the cornea and lens by means of images reflected from their surfaces, we owe to the genius of Helmholtz. The simplified instrument with which we can now, without calculation and without a dark room or complicated illumination, rapidly read off in equivalent dioptries of refraction the astigmatism of the cornea, we owe to Javal and his Norwegian collaborator in the ophthalmological laboratory at the Sorbonne, Schiötz. The history of clinical ophthalmometry is to be found in a volume, "Mémoires d'Ophthalmométrie," containing a large number of papers by many writers, European and American, and edited by Javal. Again, we are largely indebted to him for the general adoption of the metric system in the numeration of lenses, and for the use of the star or fan, together with cylindrical lenses, in the estimation of astigmatism.

Interested in many questions outside his professional work he aided as a journalist in the diffusion of Liberal ideas. For a while he was a Member of the Chamber of Deputies and did useful work, both in committees and in the House, in connexion with the hygiene of schools and the question of decreasing population; his knowledge of the latter subject aided M. Zola in the production of his well-known work. During the Dreyfus trial he went to Rennes and exerted himself on the side of the accused.

In 1885 his right eye, in spite of skilful treatment, was blinded by glaucoma. In 1900 he came to England for the treatment of the fellow eye which was in perilous condition; it had suffered many transitory attacks and had, incredible as it may seem, been kept more or less constantly under the influence of pilocarpine during 15 years of active work. An iridectomy gave, for a short time, a promise of success, but relapse after relapse occurred, and in spite of constant treatment during five months the eye became blind. Later, in Paris, by his own desire, the cervical sympathetic was divided, but without benefit to sight. No sooner had he recovered from this long ordeal, borne with philosophical fortitude, than he set himself to